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REDACTED – FOR PUBLIC INSPECTION

October 21, 2013

VIA HAND DELIVERY

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, D.C. 20554

ACCEPTED/FILED

OCT 21 2013

Federal Communications Commission
Office of the Secretary

Re: Elkhart Telephone Company, Inc.
FCC Form 481
WC Docket No. 10-90

Dear Ms. Dortch:

On behalf of Elkhart Telephone Company, Inc., transmitted herewith is an original and one copy of the PUBLIC version of the company's FCC Form 481. A confidential version of this filing is being filed concurrently under separate cover. Two copies copy of the confidential filing will be provided to Mr. Charles Tyler of the Telecommunications Access Policy Division – Wireline Competition Bureau as required by the Protective Order issued by the Commission in the above-referenced docket. *See* Protective Order, 27 FCC Rcd 14231 (2012).

Please date-stamp the extra copy of this submission for return to us. Should you have any questions with respect to this matter, please contact the undersigned.

Respectfully submitted,

Tony S. Lee

Counsel for Epic Touch Co.

Enclosure

cc: Becky Scott

10/21/13 10:00 AM 0+1
JAL/GRD

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**
FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	411764
<015> Study Area Name	ELKHART TEL CO INC
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Becky Scott
<035> Contact Telephone Number: Number of the person identified in data line <030>	620-697-2111
<039> Contact Email Address: Email of the person identified in data line <030>	bescott@elkhart.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		
<420> Mobile	0.0		
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 411764ks510	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 411764ks610	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411754
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	b.scott@elkhart.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	411764
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	b.scott@elkhart.com

[illegible]

<010>	Study Area Code	411764
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	630-657-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bacco@elkhart.com

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<010>	Study Area Code	411764
<015>	Study Area Name	ELMHART TBL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Betty Bodec
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bodect@elkhart.com

10/11/2013

<010>	Study Area Code	4117C4
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	670-637-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bascotte@elkhart.com
<810>	Reporting Carrier	Elkhart Telephone Co
<811>	Holding Company	Epic Touch Co
<812>	Operating Company	

~~-- See attached worksheet --~~

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411764
<015>	Study Area Name	SLIGHT TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Foote
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	beckyfoote@slight.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | Select
(Yes, No,
NA) |
|-------------------------------------|
| <input type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
 <922> Feasibility and sustainability planning;
 <923> Marketing services in a culturally sensitive manner;
 <924> Compliance with Rights of way processes
 <925> Compliance with Land Use permitting requirements
 <926> Compliance with Facilities Siting rules
 <927> Compliance with Environmental Review processes
 <928> Compliance with Cultural Preservation review processes
 <929> Compliance with Tribal Business and Licensing requirements.

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	311764
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Brady Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	520-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	brscott@elkhart.com

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411764
<015>	Study Area Name	BLK&BPT TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Bekky Roott
<035>	Contact Telephone Number - Number of person identified in data line <030>	630-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	Bekky@talkhart.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

411764k01710

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP http://www.epicbouch.com/general_info.html

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

Elkhart Telephone Company
(Name of Issuing Entity)Sheet 59 of _____ SheetsAll Exchanges

(Territory to which schedule is applicable)

No supplement or separate understanding
Shall modify the tariff as shown hereinSheet 59 of 86 SheetsLifeline ServiceLifeline Program

Lifeline is a federally funded reduction of the End User Common Line Charge (EUCL). Eligible applicants will receive a reduction of local service by the EUCL plus \$3.50.

Eligible applicants will also receive additional Lifeline Service reductions in intrastate local service of \$7.77.

Local service for Lifeline subscribers may not be disconnected for non-payment of toll charges.

- a. Toll Restriction Service will be provided to Lifeline Subscribers at no charge.
- b. Lifeline subscribers are not required to accept Toll Restriction Service as a condition to avoid disconnection of local service for non-payment of toll.
- c. Lifeline subscribers are not required to pay a service deposit in order to initiate service if the subscriber voluntarily elects to receive Toll Restriction Service
- d. If a subscriber eligible for Lifeline service elects not to receive toll restriction service in connection with initiation of local service, then the company's ordinary and customary tariff provisions regarding payment of service deposit applies.

Partial payments from Lifeline subscribers will be applied first to local service charges and then to toll charges.

Lifeline subscribers will not be denied re-establishment of service on the basis that the subscriber was previously disconnected for non-payment of toll charges.

The discount will be provided for one (1) telephone line per household, at the subscriber's principal place of residence. Only one residence within the state may be reported by the applicant for Lifeline Service.

09-ELKT-573-TAR (LEC)

Approved

Kansas Corporation Commission

February 20, 2009

/s/ Susan K. Duffy

ISSUED: JAN 20 2009

Month	Day	Year
March	1	2009

Effective: _____

Month	Day	Year
March	1	2009

By: Bob Boaldin

Signature of Officer	Title
Bob Boaldin	President

Bob Boaldin, President

FILED
THE STATE CORPORATION COMMISSION OF KANSAS
By: _____ Secretary

REVISED

KANSAS LIFELINE SERVICE PROGRAM (Continued)

2. ELIGIBILITY REQUIREMENTS

- a. KLSP service will be provided to those applicants who provide proof of participation in any one of the following programs.
 - i. Aid to Dependent Children
 - ii. Food Stamps
 - iii. General Assistance
 - iv. Medicaid
 - v. Supplemental Security Income
 - vi. Food Distribution Program
 - vii. Individuals living on tribal lands receiving:
 - Bureau of Indian Affairs General Assistance
 - Tribally-administered Temporary Assistance to Families
 - Head Start program benefit
 - National School Lunch Program free lunch
- b. KSLP service will be provided to those applicants whose household annual income level is at or below 150% of the federal poverty level.
- c. Upon verification of the Applicant's eligibility as stated in 2(a) above, the Telephone Company will begin providing the reduction. KLSP billing will not be implemented or continued unless telephone service arrangements are and remain within the KLSP service criteria as specified above.
- d. KLSP customers who have met the eligibility criteria specified, will remain eligible for a period of 13 months from the date of certification. Recertification is required annually or at any time the qualifying criteria changes.
- e. KLSP customers will be converted to standard residential service rates once they no longer qualify for KLSP. No service charges will apply to this change in service.

ISSUED: _____ (date)

EFFECTIVE 3/1/03

BY: Bob Boaldin
Bob Boaldin, CEO
Elkhart Telephone Company, Inc.
610 South Cosmos, P.O. Box 817
Elkhart, KS 67950-0817

00-GINT-910-617
Accepted for Filing
Kansas Corporation Commission
February 28, 2003
/s/ Susan K. Duffy

(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	411764
<015> Study Area Name	ELKHART TEL CO INC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Becky Scott
<035> Contact Telephone Number - Number of person identified in data line <030>	<20-697-4111
<039> Contact Email Address - Email Address of person identified in data line <030>	b.scott@elkhart.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	
Name of Attached Document Listing Required Information		

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3080-0886/OMB Control No. 3080-0819 July 2013
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<010>	Study Area Code	411764
<015>	Study Area Name	ELKHART TEL CO INC
<020>	Program Year	2014
<050>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<095>	Contact Telephone Number - Number of person identified in data line <030>	620-687-1111
<099>	Contact Email Address - Email Address of person identified in data line <030>	bescott@elkhart.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan		Name of Attached Document Listing Required Information
(3010)	Milestone Certification [47 CFR § 54.313(f)(1)(i)] Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
(3011)	Community Anchor Institutions [47 CFR § 54.313(f)(1)(ii)] Is your company a Privately Held ROR Carrier [47 CFR § 54.313(f)(2)] If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	<input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3012)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3013)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3014)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<input checked="" type="checkbox"/> (Yes/No)
(3015)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	<input checked="" type="checkbox"/> (Yes/No)
(3016)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input checked="" type="checkbox"/>
(3017)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3018)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<input checked="" type="checkbox"/>
(3019)	If the response is no on line 3015, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	<input type="checkbox"/>
(3020)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input type="checkbox"/>
(3021)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3022)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3023)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3024)	Attach the worksheet listing required information	411764ks3024

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	411764
<015> Study Area Name	ELKHART TEL CO INC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Backy Scott
<035> Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039> Contact Email Address - Email Address of person identified in data line <030>	bascott@elkhart.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ELKHART TEL CO INC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 10/11/2013
Printed name of Authorized Officer: Bob Boaldin	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 620-697-2111	
Study Area Code of Reporting Carrier: 411764	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	411764
<015> Study Area Name	ELKHART TEL CO INC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Becky Scott
<035> Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039> Contact Email Address - Email Address of person identified in data line <030>	b.scott@elkhart.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies
Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 411764

<015>	Study Area Name	ELKHART TEL CO INC
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<020>	Program Year	2014
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<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
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<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
-------	---	--------------

<039> Contact Email Address - Email Address of person identified in data line <030> hscottselkhardt.com

<810> Reporting Carrier Elkhart Telephone Co

<811>	Holding Company	Epic Touch Co
-------	-----------------	---------------

<812> Operating Company

[illegible]

AFFIDAVIT CERTIFYING
COMPLIANCE WITH §54.313(a)(5) AND §54.313(a)(6)

Elkhart Telephone Co., Inc. hereby certifies pursuant to the requirements under 47 C.F.R. §54.313(a)(5) and §54.313(a)(6) that:

- 1) Elkhart Telephone Co., Inc. has established operating procedures designed to facilitate compliance with applicable service quality standards and consumer protection rules.
- 2) Elkhart Telephone Co., Inc. has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 3) Elkhart Telephone Co., Inc. is able to remain functional in emergency situations as set forth in §54.202(a)(2), Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations, and

I certify under penalty of perjury under the laws of the State of Kansas

Bob Boaldin DATED this 9th day of October, 2013

Bob Boaldin, President
Elkhart Telephone Co., Inc.
PO Box 817
Elkhart, KS 67950

SUBSCRIBED AND SWORN to before me this 9th day of October, 2013



Connie Barnett
Notary Public

My Commission Expires: 9-25-17